



BRIAN SANDOVAL  
*Governor*

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING  
1830 College Parkway, Suite 100  
Carson City, NV 89706  
(775) 684-7060 Fax (775) 684-7061  
www.mld.nv.gov

TERRY JOHNSON  
*Director*

### ASSOCIATED LICENSEE

### LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT AND COVERED SERVICE PROVIDER – APPLICATION FOR LICENSE AND CHECKLIST

Mail to the Division of Mortgage Lending at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for a license as an associated licensee of the following independent licensee (check one box): **(Please note that the forms and fees for all license types are identical.)**

- ☐ **Covered Service Provider:** may conduct all activities prescribed in Chapter 645F of NRS, including, without limitation, loan modification consultant and foreclosure consultant activities, as well as the following:
- Financial counseling, including, without limitation, debt counseling and budget counseling.
  - Receiving money for the purpose of distributing it to creditors in payment or partial payment of any obligation secured by a mortgage or other lien on a residence in foreclosure.
  - Contacting a creditor on behalf of a homeowner.
  - Arranging or attempting to arrange for an extension of the period within which a homeowner may cure his default and reinstate his obligation pursuant to a note, mortgage or deed of trust.
  - Arranging or attempting to arrange for any delay or postponement of the time of a foreclosure sale.
  - Advising the filing of any document or assisting in any manner in the preparation of any document for filing with a bankruptcy court.
  - Giving any advice, explanation or instruction to a homeowner which in any manner relates to the cure of a default in or the reinstatement of an obligation secured by a mortgage or other lien on the residence in foreclosure, the full satisfaction of the obligation, or the postponement or avoidance of a foreclosure sale.
- ☐ **Foreclosure Consultant:** may only conduct the following activities, which do not include modifying a homeowner's interest rate, advising a homeowner of options related to filing for bankruptcy or providing any financial, debt or budget counseling except as it relates to the recording of a notice of default:
- Prevent or postpone a foreclosure sale.
  - Obtain any forbearance from any mortgagee or beneficiary of a deed of trust.
  - Assist a homeowner in exercising the right of reinstatement provided in the legal documents.

- Obtain any extension of the period within which a homeowner may reinstate the homeowner's obligation.
- Obtain any waiver of an acceleration clause contained in any promissory note or contract secured by a mortgage on a residence in foreclosure or included in the mortgage or deed of trust.
- Assist a homeowner in foreclosure or loan default in obtaining a loan or advance of money.
- Avoid or ameliorate the impairment of a homeowner's credit resulting from the recording of a notice of default or the conduct of a foreclosure sale.
- Save a homeowner's residence from foreclosure.
- Assist a homeowner in obtaining a foreclosure reconveyance.



**Loan Modification Consultant:** may only conduct the following activities, which do not include giving advice related to the avoidance or postponement of a foreclosure sale, providing any financial counseling or advice, even as it relates to foreclosure, and discussing options related to obtaining a new loan or filing of a bankruptcy:

- A change in the payment amount.
- A change in the loan amount.
- A loan forbearance.
- A change in the loan maturity.
- A change in the interest rate.

I acknowledge that all documents filed in connection with this application are deemed to be public records, unless provided otherwise by law, and open to public inspection.

I acknowledge that conducting "covered services" prior to **issuance** of a loan modification consultant, foreclosure consultant or covered service provider (associated licensee) license may result in administrative action and/or the imposition of a fine. I understand that **I may not conduct activity until the investigation is complete and I see that I am licensed on the Division's website or I have a license in hand.**

#### 1. Associated Licensee Applicant Information:

Associated Licensee Applicant's Full Legal Name: _____				
First		Middle	Last	
Home Address: _____				
Street		City	State	Zip
Home Phone: _____		Cell Phone: _____		
Social Security No.: _____		E-Mail: _____		
(Mandatory)		(Mandatory)		

**2. Employing Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Information:**

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) With Whom the Applicant Will be Associated: \_\_\_\_\_

Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) License No. or "Pending," if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(Mandatory)

**3. Required Items – Checklist:**

- ☐ Child Support Statement (Required regardless of any support obligations pursuant to NRS 425.520 and Sec. 126 of R052-09.)
- ☐ Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized.
- ☐ Two fingerprint cards completed by the applicant. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- ☐ Certificate(s) of completion evidencing compliance with the educational requirements for initial licensure, as follows:
  - If the applicant is applying for a covered service provider license, 25 hours of instruction (live or on-line).
  - If the applicant is applying for a foreclosure consultant license, 20 hours of instruction (live or on-line).
  - If the applicant is applying for a loan modification consultant, 15 hours of instruction (live or on-line).

The 25, 20 and 15 hours of instruction, respectively, must include, at a minimum:

- 3 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
- 6 hours of federal laws and regulations relating to mortgage lending, which must include not less than 2 hours regarding the Real Estate Settlement Procedures Act ("RESPA"), 2 hours regarding the Truth-in-Lending Act ("TILA"), and 2 hours regarding other federal laws and regulations, including information related to the tax consequences of loan modification or foreclosure and federal programs designed to assist homeowners facing foreclosure; and
- 4 hours of Nevada laws and regulations relating to mortgages, at least 2 hours of which must be related to Chapter 645F of NRS and Chapter 645F of NAC.

- ☐ Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.
- ☐ **\$185.00** non-refundable application fee. (Make check payable to "Division of Mortgage Lending.")
- ☐ **\$25.00** non-refundable fee for the annual AG assessment. (Make check payable to "Division of Mortgage Lending.")

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11" paper. White-out and/or correction tape is/are not permitted.

**Please allow a minimum of 10 weeks for completion of the background investigation.**

I, the undersigned, state that I am authorized to sign the within application for a license as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee) ("application"); that I have read and signed this application and know the contents thereof and that the statements made therein are true. By signing below, I represent that I have personally completed this application and verified the information contained herein.

I understand that the applicant will be required to comply with all prescribed standards for licensure adopted pursuant to R052-09.

I acknowledge that all fees paid to the Division in connection with this application are non-refundable.

Applicant's Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Seal

Pursuant to Sec. 19(1)(f) of R052-09, the following is a statement from the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) with whom the applicant will be associated.

**ACKNOWLEDGMENT OF INTENT TO EMPLOY**

Verified Statement - To Be Completed By Loan Modification Consultant,  
Foreclosure Consultant or Covered Service Provider (Independent  
Licensee) Associating With or Employing Applicant

This is to certify that I am either a duly licensed, or license pending applicant as a, loan modification consultant, foreclosure consultant or covered service provider (independent licensee). It is my present intent to employ or associate with me the within-named loan modification consultant, foreclosure consultant or covered service provider (associated licensee) applicant.

If a license is issued to the within-named applicant as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee), I represent and agree that I will be responsible for the activities of the applicant as a loan modification consultant, foreclosure consultant or covered service

provider (associated licensee) by exercising careful supervision over his/her activities while he/she is associated with or employed by me.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Associating With or Employing Applicant: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signatory

Authorized Signatory's Name (print or type): \_\_\_\_\_

Date: \_\_\_\_\_

Original or "wet" signature required.



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### CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** (NRS 425.520 and Sec. 126 of R052-09)

Please check one box:

- ☐ I am **not** subject to a court order for the support of a child.
- ☐ I **am** subject to a court order for the support of one or more children and **am in compliance** with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I **am** subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
Applicant's Full Legal Name (printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**PERSONAL HISTORY RECORD – LOAN MODIFICATION CONSULTANT,  
FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER APPLICANT**

This Personal History Record – Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider Application (“Personal History Record”) is to be completed by a natural person applying for a license as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee).

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or “wet” signatures and initials are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

Applicant’s Full Legal Name: \_\_\_\_\_  
First Middle Last

Applicant’s Residence Address: \_\_\_\_\_  
Address City State Zip

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Gender: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Nevada Driver’s License No.: \_\_\_\_\_

(submit copy) or Other State Driver’s License No.: \_\_\_\_\_ (submit copy)

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) For Which Licensing Affiliation is Requested:

\_\_\_\_\_

Address of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) For Which Licensing Affiliation is Requested: \_\_\_\_\_

\_\_\_\_\_

Street Address	City	State	Zip
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1. Residential Addresses For The Last 5 Years (beginning with the most recent). (If additional space is required, use the Explanation Form. All "gaps" in residential address information must be explained.)

From	To	Street	City	State	Zip
	Present				

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States? Yes \_\_\_\_ No \_\_\_\_

If no, Registration No.: \_\_\_\_\_

If naturalized, Certificate No.: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.: \_\_\_\_\_

\_\_\_\_\_



2. Employment (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 5 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	To	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

3. Disclosure Items

You are **required** to provide an explanation for ‘yes’ answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY  
IN PROCESSING YOUR APPLICATION**

- a. Have you ***ever*** been charged, arrested, convicted of, or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

☐ Yes ☐ No

If the answer is “Yes,” please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

- b. Have you ***ever*** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) *ever* had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- e. Has a bonding company *ever* denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- g. Do you have a relative that is or has been associated with the loan modification consultant, foreclosure consultant, covered service provider or mortgage industries in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes   ☐ No

If the answer is "Yes," give details:

- h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes   ☐ No

If the answer is "Yes," give details:

- l. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

☐ Yes   ☐ No

If the answer is "Yes," give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.)  
Copies of this page can be made if more space is needed.

Question Number	Explanation

**BACKGROUND CHECK AUTHORIZATION, RELEASE  
AND AGREEMENT TO INDEMNIFY**

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ("the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a loan modification consultant, foreclosure consultant or covered service provider, or an associated licensee, or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

APPLICANT'S SIGNATURE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

Notary public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_. My commission expires

\_\_\_\_\_.  
Notary Signature \_\_\_\_\_

Notary Seal